

The Northern Virginia Resource Center for Deaf and Hard of Hearing Persons serves approximately 190,000 deaf and hard of hearing individuals residing in the Northern Virginia metropolitan area, with a mission of empowering individuals who are deaf and hard of hearing and their families through education, advocacy, and community involvement.

Our Center appreciates the opportunity to provide reply comments to CG Docket No. 05-231 on Closed Captioning of Video Programming. We frequently receive complaints from consumers about technical problems and poor quality of closed captioning. Video industry commenters maintain that problems -- and complaints about them -- have been minimal and do not merit action. A quick look through just a tiny sample of our Center's file of complaints from consumers tells a different story. Captions blocked on "Boston Public", captions totally out of sync at the beginning of "CSI", most of a season of "Survivor" that had terrible quality, captions that did not reappear on PBS programs after pledge breaks, the first episode of CNN series on the Cold War with incoherent captions, an Antique Road Show that inexplicably had no captions, an episode of "Friends" with captions that ended just a few minutes into the program, complete absence of captioning from Hallmark Channel for weeks, and an episode of "Six Feet Under" that lost captions after 20 minutes.

Just a couple of months ago, one local news program on Lyme disease had such poor quality captioning that it provided dangerous misinformation. Here is a transcript of some parts of the program, showing the actual audio and how it was captioned:

Newscaster: It is a medical condition that and it can be easily treated if only a doctor would catch it. Misdiagnoses leave thousands of people suffering from debilitating pain that could be solved with simple antibiotics.

Captions: It is a medical condition and it can be treated if from debilitating pain that could be solved with simple antibiotics.

Patient 3: I eventually got so bad I couldn't remember how to go

down stairs and I'd end up falling down the last few.

Captions: I got so bad I couldn't remember how to go down stairs and would call down.

Patient 5: I wake up everyday with my achy body and my fuzzy brain and my palpitating heart.

Captions: I wake up every body with my achy body and brain.

Speaker: The doctor had given her a tentative diagnosis of mitochondrial disease and what he believed was going to happen was it was sediment in her brain and that the sediment would continue to build up until her vital organs shut down and she died.

Captions: And the disease and what they believe was going to happen was it was sediment in her brain and that the sediment would build up until her vital organs shut down and she died.

Speaker: I have no doubt in my mind that if it hadn't been for the internet which the medical community continuously tells you not to turn to, my daughter would be dead or institutionalized now.

Captions: If it hadn't been for the internet which they tell you not to turn to, my daughter would be dead.

Newscaster: Kay solved her daughter's medical mystery online. A simple blood test confirmed the diagnosis. Meredith had Lyme disease, the bacterial infection is spread by ticks. But if people don't know they've been bitten, they can go for months even years without a diagnosis.

Captions: And she solved it online and a simple blood test confirmed it. Meredith had Lyme disease, and it is spread by ticks. But can go for months even years without a diagnosis.

Newscaster: The first sign of Lyme is a circular rash, then comes fatigue, headaches and stiff neck, fever, muscle and joint pain, and swollen lymph nodes. The longer the diagnosis, the longer and

harder the recovery.

Captions: The first line is a rash, and then comes fatigue, headaches and stiff neck, fever, and joint pain. The longer and harder the recovery it is.

Newscaster: Dr. Bernard Raslin, is one of a few doctors treating Lyme patients aggressively with long stints of antibiotics either orally or through an IV. But his view on treatment is not popular in the mainstream medical community.

Captions: And one of a few doctors treating the patients and through an IV. It is not popular.

Speaker: It is hard for these 2 groups to really meet one another on a scientifically even playing field because they have different concepts and constructs of what Lyme disease is.

Captions: And on a playing field they have different concepts.

Newscaster: Dr. Jonathan Edlow is the author of the book "Bull's Eye, Unraveling The Medical Mystery Of Lyme Disease". He thinks there won't be a change in the way most treat Lyme disease until more research is done.

Captions: And the author of the and he thinks there will not be a change in the way they treat Lyme disease and research.

Speaker (Doctor): I think a lot of it is that there isn't scientific proof that long-term antibiotics work. And in fact the couple studies that have been done, and people with the alternative can put argue with these studies, the methodology. But the studies that have been done show that long-term antibiotics are no better than placebo.

Captions: And a lot and the that long-term antibiotics work. And a couple of studies that have been done, and the alternative can and argue and the studies that have been done show that they are no better than placebo.

Newscaster: For now Kay and her family continue to be treated for their Lyme disease with antibiotics, as they have for years. Kay also runs a website along with support groups for those suffering with Lyme disease.

Captions: And as they have for years. and runs as website with court groups for those suffering with Lyme disease

Speaker: When I came to this there was nobody to call. There was nobody to say, you know, you're not crazy. This is real and there is help. So I want to be there for that.

Captions: And you're not crazy. This is real and there is help and I want to be there.

We have encouraged consumers to report these problems, but there is little incentive for them to do so. A letter to report the problem takes time and a postage stamp. Even if it gets a problem fixed, it can't give them back a program they have missed. It has also been a struggle to know where to direct their complaints, as there is no guide with the name of the appropriate contact person or address. It's also confusing for consumers who have cable or satellite service and aren't sure whether they should report the program to a local TV station, national network, or cable/satellite provider. Consumers want the ability to call a number 24/7 and get a problem fixed immediately. Sometimes we've been able to do that on the local level by locating a person who has authority or expertise to check out the problem. Other times consumers have reported that they called a station repeatedly to report a problem and their phone calls were not answered.

Based on our many interactions with area consumers, we believe the FCC must take action through standards, an improved complaint procedure, and enforcement.

- Non-technical standards should be established that ensure captions are of the highest quality. Captions for pre-recorded programming should be completely accurate, and those for live

programs, while more challenging to caption, should also have 100% accuracy as a goal. The words on the screen are our key to language, news, information, and entertainment just as they are for others.

- Technical standards and monitoring of video programming distributors and providers should be established to ensure captioning will be received intact at all times. It's uncommon to see audio problems on programming, and those that do occur are quickly resolved. Captions must be given the same priority.
- Quick, up-to-date information about who to contact with a complaint, by email, website, phone, TTY, and fax, should be readily available and advertised. The FCC should also have a simple process to accept complaints and steer them to the appropriate entity.
- Until captioning quality is a given and complaints become a rarity, the FCC should require regular reporting on both technical and non-technical problems and their resolution, and complaints received and their disposition. We also look to the FCC to stress the seriousness of the situation with fines where merited.
- Plans should be made for the expansion and eventual elimination of electronic newsroom (ENT) technique for local news programs. It is imperative that consumers have equal access through complete captioning of all information.

Thank you for this opportunity to provide our input.

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